



# 2004 FORM INS-1 MAINE REVENUE SERVICES

## ESTIMATED QUARTERLY RETURN

# 0430011<sub>00</sub>

### PREMIUM AND/OR WORKERS' COMPENSATION INSURANCE TAX

Account ID No.

Period Begin

Period End

Due Date

--	--	--	--

Entity Information:

This return is made in compliance with the provisions of 36 M.R.S.A. § 2521-A.

1. Quarterly Estimate	a. PREMIUM .....	1a.	___	___	___	•	___
	b. WORKERS' COMP. ....	1b.	___	___	___	•	___
	c. TOTAL (line 1a plus line 1b) .....	1c.	___	___	___	•	___
2. Less: Prior Credit (if any) .....	2.	___	___	___	•	___	
3. TOTAL Remittance with Return (line 1c less line 2; if less than zero, enter zero) .....	3.	___	___	___	•	___	

DATE \_\_\_\_\_

\*BY \_\_\_\_\_

TEL. \_\_\_\_\_

TITLE \_\_\_\_\_

\*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer. See instructions below.

CONTACT PERSON \_\_\_\_\_

### SPECIFIC INSTRUCTIONS

**Line 1: Quarterly Estimate.** For each of the first and second quarters, this line must equal 35% of total annual liability. For the third quarter, this line must equal 15% of total annual liability.

**Line 2: Prior Credit.** If the reconciliation return (Form INS-4) for the previous year shows an overpayment, subtract the overpayment from the quarterly payment(s) due for the current year.

### INTEREST & PENALTY

Annually, the State Tax Assessor establishes the interest rate by rule. Beginning January 1, 2004 the interest rate is 0.5% per month.

The penalty for failure to file a return is the greater of \$25 or 10% of the tax due, unless the return is filed more than 30 days after the receipt of a demand notice from the State Tax Assessor, in which case the failure-to-file penalty becomes 100% of the tax otherwise due.

The penalty for failure to pay a tax liability timely is the greater of 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

REMITTANCE MUST ACCOMPANY RETURN.

MAKE CHECK PAYABLE TO:  
SEND CHECK &  
RETURN TO:



TREASURER, STATE OF MAINE  
MAINE REVENUE SERVICES  
P.O. BOX 1064  
AUGUSTA, ME 04332-1064.

